

County: Washington
 CEDAR LAKE HEALTH CARE CENTER
 5595 HIGHWAY Z

Facility ID: 2100

Page 1

WEST BEND 53095 Phone: (262) 306-2100
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 229
 Total Licensed Bed Capacity (12/31/03): 229
 Number of Residents on 12/31/03: 220

Ownership: Nonprofit Church
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 220

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.1
Supp. Home Care-Personal Care	No					1 - 4 Years		23.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.5	Under 65	4.1	More Than 4 Years		40.0
Day Services	No	Mental Illness (Org./Psy)	33.6	65 - 74	4.5			----
Respite Care	No	Mental Illness (Other)	5.0	75 - 84	37.7			82.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.5	95 & Over	10.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.6		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.8		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	9.1	65 & Over	95.9	-----		
Transportation	No	Cerebrovascular	15.5		-----	RNs		12.0
Referral Service	No	Diabetes	1.4	Gender	%	LPNs		7.6
Other Services	No	Respiratory	1.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.3	Male	23.6	Aides, & Orderlies		
Mentally Ill	No		----	Female	76.4			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	1	4.3	444	2	1.6	255	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.4
Skilled Care	22	95.7	230	118	93.7	217	0	0.0	0	67	95.7	204	0	0.0	0	1	100.0	200	208	94.5
Intermediate	---	---	---	6	4.8	184	0	0.0	0	3	4.3	193	0	0.0	0	0	0.0	0	9	4.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	23	100.0		126	100.0		0	0.0		70	100.0		0	0.0		1	100.0		220	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	3.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.7	Bathing	0.5	75.5	24.1	220
Other Nursing Homes	3.6	Dressing	4.5	75.9	19.5	220
Acute Care Hospitals	83.0	Transferring	16.8	61.4	21.8	220
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	6.8	65.9	27.3	220
Rehabilitation Hospitals	1.8	Eating	57.3	26.4	16.4	220
Other Locations	7.6	*****				
Total Number of Admissions	277	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.5	Receiving Respiratory Care	5.9	
Private Home/No Home Health	16.1	Occ/Freq. Incontinent of Bladder	40.5	Receiving Tracheostomy Care	0.5	
Private Home/With Home Health	15.8	Occ/Freq. Incontinent of Bowel	22.7	Receiving Suctioning	0.0	
Other Nursing Homes	0.7			Receiving Ostomy Care	2.7	
Acute Care Hospitals	11.7	Mobility		Receiving Tube Feeding	0.9	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.4	Receiving Mechanically Altered Diets	71.8	
Rehabilitation Hospitals	0.0					
Other Locations	16.5	Skin Care		Other Resident Characteristics		
Deaths	39.2	With Pressure Sores	4.1	Have Advance Directives	99.1	
Total Number of Discharges (Including Deaths)	273	With Rashes	0.9	Medications		
				Receiving Psychoactive Drugs	68.6	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.1	87.9	1.09	86.1	1.12	86.6	1.11	87.4	1.10
Current Residents from In-County	72.7	87.5	0.83	79.8	0.91	84.5	0.86	76.7	0.95
Admissions from In-County, Still Residing	24.2	22.9	1.05	24.0	1.01	20.3	1.19	19.6	1.23
Admissions/Average Daily Census	125.9	144.5	0.87	118.5	1.06	157.3	0.80	141.3	0.89
Discharges/Average Daily Census	124.1	147.5	0.84	120.4	1.03	159.9	0.78	142.5	0.87
Discharges To Private Residence/Average Daily Census	39.5	49.7	0.79	34.8	1.13	60.3	0.66	61.6	0.64
Residents Receiving Skilled Care	95.9	93.9	1.02	91.2	1.05	93.5	1.03	88.1	1.09
Residents Aged 65 and Older	95.9	97.1	0.99	90.2	1.06	90.8	1.06	87.8	1.09
Title 19 (Medicaid) Funded Residents	57.3	50.3	1.14	62.8	0.91	58.2	0.98	65.9	0.87
Private Pay Funded Residents	31.8	34.6	0.92	20.6	1.55	23.4	1.36	21.0	1.52
Developmentally Disabled Residents	0.5	0.6	0.76	0.9	0.52	0.8	0.54	6.5	0.07
Mentally Ill Residents	38.6	35.5	1.09	32.9	1.18	33.5	1.15	33.6	1.15
General Medical Service Residents	17.3	23.0	0.75	20.1	0.86	21.4	0.81	20.6	0.84
Impaired ADL (Mean)	52.5	51.9	1.01	51.2	1.03	51.8	1.01	49.4	1.06
Psychological Problems	68.6	62.2	1.10	61.5	1.12	60.6	1.13	57.4	1.20
Nursing Care Required (Mean)	10.9	7.2	1.50	7.6	1.44	7.3	1.49	7.3	1.48